

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/LTSS/NICOLE ROONEY/TONYA PERKINS		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:		ADS-23-9330A		
Amount: (Contract/Amendment/Grant)	Amend A: \$130,275.00 Revised: \$260,550.00	Advantage CT / RQS #:	CT 10A 2023021300000002091	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2023	Effective Date:	1/9/2024
	Previous End Date:	12/31/2023	New End Date:	12/31/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Long Term Care Ombudsman Augusta, ME		
Brief Description of Goods/Services/Grant:		Enhanced Home Care Advocacy and Quality Oversight		

PART II: JUSTIFICATION FOR VENDOR SELECTION

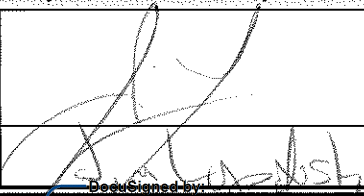

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1.	Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>The purpose of this amendment is to extend the program for a year and add funds. This funding provides support for statewide Enhanced Home Care Advocacy and Quality Oversight. Due to the increased demand for home care services, as a result of Maine's aging demographics, this funding is needed to expand and improve Maine's home care advocacy and quality oversight provide by Maine's Long Term Care Ombudsman. The funds will support additional resources to meet home care advocacy demands and improve quality reporting.</p>	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
<p>The Maine Long-Term Care Ombudsman Program is the state-wide Office designated by the State of Maine to carry out the Ombudsman Program specified in 22 M.R.S. §§ 5106(11-C) and 5107-A. These statutes include home care advocacy and oversight services.</p>	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
<p>Funding was allocated to the vendor based on submission of a negotiated budget and funding plan.</p>	
4.	Describe the plan for future competition for the goods or services.
<p>This is a 2-year pilot and renewal will depend on reporting and quality analysis of delivered services. If services are to continue, a Department led Budget Initiative or the vendor submitting a bill to the legislature will be needed in order to obtain funding.</p>	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):		<small>Designated by:</small>	
Typed Name:		Date:	2 - April - 24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	4/23/2024